



Occupational License Administrator

P.O. Box 397, Taylorsville, Kentucky 40071
Phone: 502-477-2997 Fax: 502-477-2998

SPENCER COUNTY OCCUPATIONAL LICENSE/PAYROLL TAX APPLICATION

1. Name of Applicant:
2. Name of Business or Trade Name (if applicable):
3. Business Street Address
4. Phone #: Fax #:
5. Mailing address (for quarterly/annual forms if different from above):
6. Detail Description of Nature of Business:
7. Physical Location or Job Site/Contractor working in Spencer County & Phone Number:
8. Business Entity (select one):

*Attach a list of general partner's names, home addresses, and social security numbers

** Attach a list of corporate officer's names, home addresses, and social security numbers

*** NOTE: Non-profit must attach 501C (3) Determination Letter

9. Federal Tax Identification Number or SSN:
10. Accounting period: Calendar Year Fiscal Year (month)
11. Date business will begin/began in Spencer County:
12. Number of Employees on payroll working in Spencer Co:
13. Will you use "leased" employees?

14. If yes, provide name, address & phone number of leasing agency:
15. Are you a contractor doing work in Spencer County, whose company is located outside of Spencer County?
16. If a contractor, are you the General Contractor?
17. Owner(s) of Business (Please provide name, title, address, phone & SSN. Attach list if necessary):
18. Contractors: List all Subcontractors Working under you in this job or any job in Spencer County. (Please provide their name, address, telephone number & federal ID number. Use additional sheet if necessary. For builders, please list this information on the separate form):

Please remit \$25.00 application fee made payable to the Spencer County Treasurer with the application to the above listed address.

ALL OF THE ABOVE INFORMATION WILL REMAIN CONFIDENTIAL, EXCEPT FOR OFFICAL PURPOSES AND EXCEPT IN ACCORDANCE WITH PROPER JUDICIAL ORDER. OPEN RECORDS SUBJECT TO NAME, ADDRESS & PHONE ONLY.

Signature of Applicant:
Printed Name:

Date:
Date: